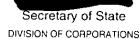
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION' **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE



FILED

02 NOV -5 PM 5: 55

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEMENT 200

DOCUMENT # F96000005582

1. Corporation Name

LA PROVENCE REALTY CORP.

Principal Place of Business									
550	Mamaro	onec	k	Ave					
Harı	rison,	NY	10	528					

Mailing Address

550 Mamaroneck Ave. Harrison, NY 10528

If above addresses are incorrect in any way, line through incorrect information and enter correction below.						DO NOT WRITE IN TURC OR	105			
New Principal Office Address, If Applicable 3. New N			3. New Ma	ailing Address, If Applicable		DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified To Do Business in Florida				
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.			10/28/1996					
		City & State		5. FEI Numbe 13-392		3.5.3.6		Applied For		
·Zip Country		Zip Country			6.			lot Applicable		
-Zip Country				<u> </u>		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee re for a Certificate of St			al Fee require ate of Status	
7. Names	and Street Addresses		d/or Director (FI	orida nonprof	fit corporat	ions must list at lea	st 3 directors)			
Titlè(s)	(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numb			City / State / Zip				
PD	Michael E. Rosen			550 Mamaroneck Avenue			Harrison, NY 10528			
VD	Dave Clark			2250 Avenida del Vera			N. Ft. Myers, FL 33917			
VST	Robert V. Tiburzi, Jr.			One West Red Oak Lane		e	White Plains, NY 10604			
V	W: Scott Callahan			37 N. Orange Avenue, #200e			Orlando, FL 32801			
				11/0			00008814090 5/0201058022 **758.75			
	8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent				
	CT Corporation System					Name W. Scott Callahan				
1200 South Pine Island Road Plantation, FL 33324					Street Address (P.O. Box Number is Not Acceptable) c/o Stump, Storey & Callahan, P.A.					
					Suite, Apt. #, Etc. 37 North Orange Avenue, Suite 200					
					Orlando State Zip Code FL 32801					
10. I, being	appointed the register	ed appent of the abo	ve named corpo	ration, am fa	miliar with	and accept the obl	igations of Section			
Signature of Registered A	1 // 1/k		GISTERED AG					Date	, 2	
11. Do	es this corpo	<u> </u>	<u> </u>			·····		(See other side t		*i

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access, earlify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made

as its Vice President

SIGNATURE:

SIGNATURE AND T PED DR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dept. of Revenue under S. 199.032, Florida Statutes.

(See other side for information on intangible tax.)